FORM D

SEC 1972 (6/02): Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response.....

SEC USE ONLY



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offering of LLC Membership Interests Filing Under (Check box(es) that apply): Rule 504 Section 4(6) □ ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) La Belle Vie Holdings, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Joshua Thoma, 900 Hennepin Avenue, Minneapolis, Minnesota 55403 (612) 252-0701 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area (if different from Executive Offices) Brief Description of Business 20 Own and operate a full-service upscale restaurant offering a French-Mediterranean cuisine. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Limited liability company Month Year Actual or Estimated Date of Incorporation or Organization: [0][5] Actual A [0] [5]Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: OCT 2 4 2005 CN for Canada; FN for other foreign jurisdiction) [D][E] GENERAL INSTRUCTIONS THOMSON Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(0), A CIAL 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. **ATTENTION** Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of

a federal notice.

		A. BASIC IDENTIF	ICATION DATA	_	A /
2. Enter the information requ	uested for the follo	owing:			
• Each promoter of the	e issuer, if the issu	ier has been organized wit	hin the past five years;		
 Each beneficial own securities of the issue 		wer to vote or dispose, or	direct the vote or dispos	ition of, 10% or	more of a class of equity
• Each executive offic	er and director of	corporate issuers and of co	orporate general and mana	iging partners of p	partnership issuers; and
• Each general and ma	naging partner of	partnership issuers.			•
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	Managing Member of Issuer
Full Name (Last name first, i	f individual)			1 3 2 2	
Apex Restaurant Group, LI	LC .				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		***
900 Hennepin Avenue, Min	neapolis, MN 554	102			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	Managing Member of Apex
Full Name (Last name first, i	f individual)				
Thoma, Joshua J.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
900 Hennepin Avenue, Min	neapolis, MN 554	102			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				,
Hoyt, Brad					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Continental Property Gro	up, 253 East Lake	Street, Wayzata, MN 553	391-1608		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				!
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				;
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		:
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		A. BASIC IDENTIF	ICATION DATA					
2. Enter the information request	ed for the follo	wing:			,			
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
 Each beneficial owner I securities of the issuer; 	having the pov	ver to vote or dispose, or	direct the vote or dispos	ition of, 10% or	more of a class of equity			
 Each executive officer a 	nd director of	corporate issuers and of co	orporate general and mana	iging partners of p	partnership issuers; and			
 Each general and manag 	ging partner of	partnership issuers.			•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address ((Number and S	treet, City, State, Zip Cod	le)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address (Number and S	treet, City, State, Zip Cod	e)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address (Number and S	treet, City, State, Zip Cod	le)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)				:			
Business or Residence Address (Number and S	treet, City, State, Zip Cod	le)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address (Number and S	treet, City, State, Zip Cod	le)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address (Number and S	treet, City, State, Zip Cod	le)		:			
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c.				B. IN	FORMA'I	TON ABO	OUT OFF	ERING				-
<u> </u>								·			Yes	No
1. Has the	issuer sol	d, or does	the issuer	intend to	sell, to nor	n-accredite	d investor	s in this of	fering?			\boxtimes
			Ans	wer also i	n Appendi	x. Columi	n 2 if filin	o under H	LOE			
			1 2110	C. albo i	птрропа	n, corum	2, 11 111111	g ander o	LOD.			
2. What is	the minin	num inves	tment that	will be ac	cepted fro	m any ind	ividual?				_	
3. Does th	a affanin a			L: £:							Yes	No 🗆
3. Does in	e offering	permit joi	int owners	nip of a si	ngie unit?	•••••			••••••	••••••	🛛	Ш
4. Enter th	ne informa	tion reque	sted for ea	ch person	who has l	oeen or wi	ll be paid	or given, o	directly or	indirectly	, any	
commis	ssion or si	milar rem	uneration	for solicit	ation of p	urchasers	in connec	tion with	sales of se	ecurities in	n the	
			listed is a									
			s, list the r									
			a broker or		ou may set	forth the	informatio	n for that b	oroker or c	lealer only	<i>'</i>	
Full Name	(Last nam	e first, if i	individual)									
NONE												
Business of	r Residenc	e Address	(Number	and Stree	t, City, Sta	te, Zip Co	de)					
Name of A	annaintad i	Dealese on	Doolor									
Name of A	issociated.	DIOKEI OI	Dealei		÷							
States in W	hich Perso	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	isers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	individual)									
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Business of	r Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer						E- E			
	71 1 1 15	T 1 . 1:	TT 0 11 1		1 . 0 1							
States in W												All Casas
			individual									All States
[AL]	[AK] [IN]	[AZ] [IA]	[AR]	[CA]	[CO]	[CT] [ME]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]			[KS]	[KY]	[LA] [NM]		[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name					[OI]	[VI]	[VA]	[WA]	[44 4]	[٧٧ 1]	[** 1]	[FK]
1 an Ivamo	(Lust ham	C 1113t, 11 1	mar v radur /									
Business o	r Residenc	e Address	(Number	and Stree	t, City, Sta	te, Zip Co	de)					-
Name of A	ssociated	Broker or	Dealer			····						
•	· · · · · · · · · · · · · · · · · · ·							The Name				
States in W						icit Purcha	isers				_	
-			individual	•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

, ,	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEI	os ·
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§	\$
		<u> </u>	\$
	☐ Common ☐ Preferred	· _	
	<u> </u>	\$	\$
		857,500	\$175,00
	Other (Specify <u>Guarantee of indebtedness in exchange for membership interests</u>)	300,000	\$150,00
	• • •	1,157,500	\$_ 325,00
	Answer also in Appendix, Column 3, if filing under ULOE.	1,157,500	Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
	Accredited Investors	Investors	of Purchases
	·	<u>2</u>	\$\$
	·	N/A	\$ \$
	Total (for filings under Rule 504 only)		p
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Turnes	Dellas Assessed
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Regulation 504	N/A	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 35,00
	Accounting Fees		\$
	Engineering Fees	<u> </u>	\$ \$
	Sales Commissions (specify finders' fee separately)		\$ \$
	Other Expenses (identify)		\$ \$
	Total		\$_ 42,50
		لاست	

C - Question 1 and total expenses fur	e aggregate offering price given in response to Part rnished in response to part C – Question 4.a. This ds to the issuer."			
be used for each of the purposes show furnish an estimate and check the box t	o the left of the estimate. The total of the payments		\$_	1,115,000
Purchase of real estate Purchase, rental or leasing and installat Construction or leasing of plant buildin Acquisition of other businesses (includ offering that may be used in exchange pursuant to a merger) Repayment of indebtedness Working capital Other (specify: Lending Transa	ion of machinery and equipment	Officers Directors,	.&	Payments To Others 95,750 287,250 478,750
		⊠ \$_	1,115,000	1,115,000
	D. FEDERAL SIGNATURE		•	
ollowing signature constitutes an undert in request of its staff, the information f	igned by the undersigned duly authorized person. I aking by the issuer to furnish to the U.S. Securities	es and Exc	hange Com	mission, upon
* * *	Signature		Date	2005
of Signer (Print or Type)	Title of Signer (Print or Type)		Restaurant Gr	
	furnish an estimate and check the box to listed must equal the adjusted gross pro Question 4.b above. Salaries and fees	furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Salaries and fees	Payments Officers Directors, Affiliate Salaries and fees	furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payments to Officers, Directors, & Affiliates

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).